06956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH- COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 29

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34
STREET ADDRESS (If rural, give location) W. Main St

3. NAME OF DECEASED (Type or Print) (First) Fredrick (Middle) H. (Last) Altekamp.
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1953

5. SEX M.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 29 1865
9. AGE last birthday 88 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Eng.
10b. KIND OF BUSINESS OR INDUSTRY Gen. Contractor.
11. BIRTHPLACE (State or foreign country) Germany 56
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Altekamp
14. MOTHER'S MAIDEN NAME Joanna Stiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wnr or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Anna Hevelow Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Pulmonary Edema — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 7/5, 1953, that I last saw the deceased alive on 7/5, 1953, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 7/6/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE THEREOF July 7, 1953 | NAME OF CEMETERY OR CREMATORY Silverbrook | LOCATION (City, town, or county) Wilmington (State) Del.

DATE REC'D BY LOCAL REG. July 7 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (16957

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 24yrs.8mo.9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Del. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural, give location): 610 McLane

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CLARENCE	(NMI)	BETELLE	July	21	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-25-1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman & Chauffeur	Unknown	Wilmington, Del.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Betelle - Deceased	Lydia Kelch - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Generalized bronchopneumonia - terminal	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carcinoma of Pancreas with metastasis	Approx. 1 year
DUE TO		
	(c) Syphilis, tertiary with luetic aortitis and aortic aneurysms	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Syphilis of central nervous system (history)

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 11-12, 1928, to 7-21, 1953, and that death occurred at 10:03 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER
(DEGREE OR TITLE) ADDRESS: W.OPPLER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md.
DATE SIGNED: 7-22-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-22-53	Unknown	Wilmington, Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 22, 1953	Ida M. Daugherty acty Reg.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 24 1953
BUREAU V. S.

06958

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Town. LENGTH OF STAY (In this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sassafras Boat Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 3112 N. Van Buren

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) HAMMOND (Last) BROMLEY BRUMBLEY
DATE OF DEATH (Month) 7 (Day) 18 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-4-1909
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Marine Decor.
10b. KIND OF BUSINESS OR INDUSTRY Decorator
11. BIRTHPLACE (State or foreign country) Wilmington Del.
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME William H Bromley.
14. MOTHER'S MAIDEN NAME Hannah Darby.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Irene R. Bromley. 3112 N Van Buren Wilmington Del.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9143 Immediate cause (a) Electrocution

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Boat.
(CITY OR TOWN) Frederickstown (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 7 (Day) 18 (Year) 1953 (Hour) 10 m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Was using Electric Drill

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 7-19-53

23. BURIAL, CREMATION (Specify) Burial DATE THEREOF July 22 1953 NAME OF CEMETERY OR CREMATORY Gracelawn Mem. Cem LOCATION (City, town, or county) Wilmington (State) Del

DATE REC'D BY LOCAL REG. 7-20-53 REGISTRAR'S SIGNATURE Mrs. Harold W. Cheyney mmb.
24. FUNERAL DIRECTOR Albert McCreary ADDRESS Wilmington Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
JUL 22 1953
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06959

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M15

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 239 High St.

3. NAME OF DECEASED: (First) Frank (Middle) (Last) Brown
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last Birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	Married	Aug. 28, 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jobing
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Kirkwood Delaware
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Brown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 717-07-5357
17. INFORMANT & ADDRESS: Mrs. Rhoda Mae Brown-239 High St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Tetanus	48 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Pemphigus - both Feet	4 wks.
	DUE TO (c)	

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II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 15 July, 1953, to 25 July, 1953, that I last saw the deceased alive on 25 July, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Klaus H. Hudson (DEGREE OR TITLE) M.D. ADDRESS No. 44 E. 1st St. DATE SIGNED 26 July '53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/30/53	St. Pauls Cemetry	Kirkwood Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 30	H R Frazer	Edw R Bell	909 Poplar St.

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06960

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34; LENGTH OF STAY (in this place) 64 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 Booth St., X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34; STREET ADDRESS (If rural give location) 121 Booth St.

3. NAME OF DECEASED (Type or Print): (First) Ollie (Middle) (Last) Brown

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1953

5. SEX: F-e

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/5/89

9. AGE last birthday: 64 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Amos Bradley

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Estella Porter-121 Booth St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Accident	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 years
	(c) Chr. Pyelonephritis nephritis	2 yrs.

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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1953, to 7/24, 1953, that I last saw the deceased alive on 7/24, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE James L. Johnson (Degree or title) M.D. ADDRESS 245 E. High St. Elkton Md. DATE SIGNED July 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/29/53 — NAME OF CEMETERY OR CREMATORY: Providence Cemetry — LOCATION (City, town, or county) (State): Elkton. Maryland

DATE REC'D BY LOCAL REG. July 28 — REGISTRAR'S SIGNATURE F.R. Frazer

24. FUNERAL DIRECTOR: Edward Bell — ADDRESS: 909 Poplar St.

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - North East | LENGTH OF STAY (In this place) 0 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spence Trailer Camp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location) Spence Trailer Camp.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Levis (Last) Buchanan
4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-2-1885
9. AGE last birthday 68 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher
10b. KIND OF BUSINESS OR INDUSTRY Store Butcher
11. BIRTHPLACE (State or foreign country) Lewisville Pa.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME John. Buchanan.
14. MOTHER'S MAIDEN NAME Margaret Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 222-07-6349
17. INFORMANT AND ADDRESS E. Blanche Buchanan North East Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

4. Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE R. C. Dodson MD DME (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 7-19-53

INTERMENT OR CREMATION	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/22/53	Cherry Hill Methodist Cem.	Cherry Hill	Md

DATE RECD BY LOCAL	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 21-53	Sarah E. Rothermel	H. Walter der Bose Jr.	Elkton, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

[illegible] WITH UNFADING INK. Supply every item of information carefully. The [illegible] especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural.
LENGTH OF STAY (in this place) Passing
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Melvin (Last) Cooper
4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: 2-22-1902
9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Fires Boilers
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Cooper
14. MOTHER'S MAIDEN NAME: Virginia Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-18-6679
17. INFORMANT AND ADDRESS: Virginia Cooper, Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Neck

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. [illegible] CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. X
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road
(CITY OR TOWN) Port Deposit Rural (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 18 (Year) 53 P 8.45 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Miss ed road and hit trees

22. I certify that I took charge of the remains described above held an Autopsy, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident X suicide, homicide, undetermined.

SIGNATURE (Degree or title) R. C. Dodson M.D. D.M.E.
ADDRESS Rising Sun, Md.
DATE SIGNED 7-19-53

[illegible] CREMATION (Name of city) Burial
DATE THEREOF July 22, 1953
NAME OF CEMETERY OR CREMATORY Mt Zoar
LOCATION (City, town, or county) Near Conowingo (State) Md.

AGE REC'D BY LOCAL July 21-53
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson
ADDRESS Rising Sun, Md.

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural — LENGTH OF STAY (in this place) Allife
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARRIE	MABEL	Cuddy	July	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	White	Married	1-5-1887	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	House Keep	Columbia Pa	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. H. Beck Sr.	Elizabeth Brooks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Cerebral Hemmorhage.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ENTER AL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Dodson,	M.D.	Rising Sun Md.	7-26-53

FINAL DISPOSITION (Burial, Cremation, Removal)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-28-1953	St Marks	Perryville, Md. Rural

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27, 1953	L. a. Re. [illegible] in a Reg'l.	Wm. A. Patterson & Son.	

M

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correctness of each is penally important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN MARGIN RESERVED FOR BINDING

RECEIVED
JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point X
LENGTH OF STAY (in this place): 5 yr. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2617 Garrett Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) DEE, JR.
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-17-1892
9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J. Dee, Sr. - Deceased
14. MOTHER'S MAIDEN NAME: Ellen Wright - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: 212-18-3276
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Pulmonary Tuberculosis, far advanced	7 years
	DUE TO	Bilateral, active	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	Gastro-enteritis	5 days
	DUE TO		
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 18, 1948, to July 1, 1953, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. OPPLER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md. — ADDRESS — DATE SIGNED 7-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7-2-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR July 2, 1953
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR John J. Cowan Son — ADDRESS JOHN J. COWAN & SON, 901 Hollins St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (In this place) Enroute
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 C

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY V 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6501, 14th N.W. Washington

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) C (Last) DUCKETT
4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-21-08
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greenville South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Gaston
14. MOTHER'S MAIDEN NAME Rosa Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) 11th N.W.
16. SOCIAL SECURITY No. 250-01-1310
17. INFORMANT AND ADDRESS Robert C. Duckett Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture skull. Comp. with loss of brain. Fractured left leg & Rt leg.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fract. left wrist

(c) Crushed chest. Multiple lacerations

812.X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg.) Route 40 (CITY OR TOWN) Elkton Rural (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 27 (Year) 53 (Hour) 1:50 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by truck on wrong side Road

22. I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident X suicide ___, homicide ___, undetermined ___.

SIGNATURE R. C. Dodson (Degree or title) MD DME ADDRESS Rising Sun Md DATE SIGNED 7-27-53

SERIAL CREMATION NAVAL (Specify) Shipping
DATE THEREOF July 29, 1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Greenville South Carolina

DATE REC'D BY LOCAL REG July 29
REGISTRAR'S SIGNATURE F. B. Frazier
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

FASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) R. D. #4

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	C	Fowler.	7	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Single.	10-1-1882.	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Labor.	all kinds	Cecil Co Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oscar Fowler	Ruth Woodington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	216-12-9720	Lidie Pryor. Pryor -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ENTER AL CAUSE WAS (PRIMARY) or (CONTRIBUTING) CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ___.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A le Dodson	MD DME	Rising Sun Md.	7-25-53

FINAL DISPOSITION (REMOVAL, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 27, 1953	ELKTON Cemetery	ELKTON	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 25	J H Frazer	H.W. Pippin & Son	Elkton Md.

W. A. Lewsby

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (In this place) less than 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gate City
STREET ADDRESS (If rural, give location) R.F.D. #4

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) F. (Last) FREEMAN
4. DATE OF DEATH (Month) July (Day) 8, (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Div.
8. DATE OF BIRTH June 7, 1917
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Kingsport, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. 238-14-1383
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid hemorrhage — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) (COUNTY) (STATE) 535 S. Charles St., Baltimore, Md.
TIME OF INJURY (Month) (Day) (Year) July 7, 1953 (Hour) 12:00 Noon
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell on street

22. *I certify that I took charge of the remains described above, held an Autopsy* X *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* ☐, *accident* X, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE R. C. Dodson MD DME (Degree or title) ADDRESS DATE SIGNED
R. C. DODSON, M.D., DME of Cecil County, Maryland Rising Sun, Md. 7-8-53

MOVA CREMATION (Specify) Removal
DATE THEREOF 7-12-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR July 13, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty acting Reg.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 1
U. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 225 West Main St.

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Jane (Last) Garrett

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb. 20, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Spittle
14. MOTHER'S MAIDEN NAME: Mary A. Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Harold Garrett Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: Several years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ① Mitral insufficiency ② Rheumatoid arthritis — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1953, to July 14, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 4:35 A. m., from the causes and on the date stated above.

SIGNATURE Ralph Andrews, Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton, Md. DATE SIGNED 7/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/16/53
NAME OF CEMETERY OR CREMATORY Elkton Cem.
LOCATION (City, town, or county) Elkton (State) Md.

DATE REC'D BY LOCAL REG. July 16
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR L. Walter du Bose Jr. ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

RECEIVED
JUL 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]369

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 1 mo. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 212 N. Freedom Alley

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (NMI) (Last) GIBSON

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-4-1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Aberdeen Proving Ground

11. BIRTHPLACE (State or foreign country): Troy, Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Gibson - Deceased

14. MOTHER'S MAIDEN NAME: Carrol L. Holt - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 213 20 5889

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) Carcinoma of the Esophagus — Interval Between Onset And Death: 7 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Fibrinous Pleurisy right — Unknown

DUE TO (c) Bronchopneumonia both lower lobes — 1 week

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-3-53 & 7-23-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Esophagus

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16, 19 53, to 7-30, 1953, ~~that I last saw the deceased~~ and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) Acting Chief, Professional Services, ADDRESS: VAH, Perry Point, Md. DATE SIGNED: 7-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 7-30-53
NAME OF CEMETERY OR CREMATORY: St. James
LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR: July 30, 1953
REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR ADDRESS: Elmer E. Bullock Havre de Grace
BULLOCK MORTUARY, Havre de Grace, Md.

VS. A-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) EUGENE (Middle) (Last) GOLDEN

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/23/1899

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Soldier

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene Golden

14. MOTHER'S MAIDEN NAME: Jennie Ramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: V.A. Hosp. Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 I, the [illegible] of I took charge of the remains described above, held an Autopsy —, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find the said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident —, suicide —, homicide —, undetermined —.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. L. Dodson M.D. D.M.E. Running Springs Ind. 7-25-53

DISPOSITION: Burial | DATE THEREOF: 7/31/53 | NAME OF CEMETERY OR CREMATORY: Balto. Md. Cem. | LOCATION (City, town, or county) (State): Balto. Md.

DATE FILED BY LOCAL REGISTRAR: July 30-53 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | FUNERAL DIRECTOR: Manning Funeral Home | ADDRESS: Havre de Grace, Md.

Irene Daugherty mmb

MARGIN RESERVED FOR BINDING

WRITE LEGIBLY WITH UNFADING INK. Supply every item of information carefully. The correct name especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 ..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton — LENGTH OF STAY 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VIRGIE	VIRGINIA	Gould	7	22	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	Col.	Married	4-7-1915	38 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bellow Grove Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Bozely	no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Patricia Gould Cecilton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Coronary	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. FATAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. C. Dodson M.D. DME	Rising Sun Md	7-27-53

MODE OF DISPOSITION (Burial, Cremation, etc.)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 31 1953	Cecilton Cem.	Cecilton Md.

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 3, 1953	Mrs. Harold H. Cheyney	Edward Tilghman	Millington Md.

mnb.

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City — LENGTH OF STAY (In this place): 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City
STREET ADDRESS (If rural, give location): Bohemia Ave.

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) Darius (Last) Graves
4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 4-11-69
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Dental Surgery
11. BIRTHPLACE (State or foreign country): New York.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Edwin Graves.
14. MOTHER'S MAIDEN NAME: Roxana Danks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Family Records, Chesapeake City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

971X Immediate cause (a) Perforating Bullet wound

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt Temple.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg.) OF INJURY: Home — (CITY OR TOWN) Chesapeake City — (COUNTY) Cecil — (STATE) Md
TIME OF INJURY: (Month) 7 (Day) 4 (Year) 53 (Hour) a.m.
INJURY OCCURRED: While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with 32 Cal. Revolver

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident, suicide X homicide, undetermined.

SIGNATURE: R. C. Dodson MD — (Degree or title) DME — ADDRESS: Rising Sun Md — DATE SIGNED: 7-4-53

CIRCUMSTANCE (Specify): Burial — DATE THEREOF: July 6/53 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county): near Chesapeake City — (State) Md

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: July 6th 1953 — Mrs Ralph H. Rees — 24. FUNERAL DIRECTOR: H. W. Kippen & Son — ADDRESS: Elkton, Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Herman
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 505 W. 24 St.

3. NAME OF DECEASED (Type or Print) (First) JOSE (Middle) LOUIS (Last) GRESSINGER
4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec. 8-1935
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wilmington Del
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Joseph L. Gressinger
14. MOTHER'S MAIDEN NAME Barbara Mahler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS J. L. Gressinger 505 W 24 St Wilmington Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. PHYSICAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Elk River (CITY OR TOWN) Port Herman (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 5 (Year) 53 (Hour) 8.35 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Dused off boat in 5 ft water

22. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. C. Dodson M.D. (Degree or title) DM E
ADDRESS Rising Sun Md.
DATE SIGNED 7-5-52.

DISPOSAL OF CREMATION: Burial
DATE THEREOF July 8, 1953
NAME OF CEMETERY OR CREMATORY Cathedral cemetery
LOCATION (City, town, or county) Wilmington, Del. (State)

DATE RECD BY LOCAL REG. July 6
REGISTRAR'S SIGNATURE Mrs Ralph H Rus
21. FUNERAL DIRECTOR H W Pippin & Son
ADDRESS Elkton Md

July 7-1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type or print. Especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (C6974

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Cecil
COUNTY ~~Perry Point~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point X
LENGTH OF STAY (in this place): 1 mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 2332 Ninth St., N.W.

3. NAME OF DECEASED: (First) KENNETH (Middle) A. (Last) GREY
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Widowed	7-15-1892	60 yrs.				

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Landscaper
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Grey
14. MOTHER'S MAIDEN NAME: Lucy Grey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, right lung — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma of mouth with metastases — Approx. 2 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22 ,1953 , to 7-1 , 19 53 , [illegible] and that death occurred at 1:35 am , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. OPPLER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 7-3-53
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE RECD BY LOCAL REGISTRAR: July 31 1953
REGISTRAR'S SIGNATURE: Ida M. Townsend acting Reg
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: Havre de Grace, Md.

RECEIVED
JUL 6 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Earleville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Earleville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) TONY (Middle) (Last) HAGGERTY

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 12, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Haggerty
14. MOTHER'S MAIDEN NAME: Annie Manning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Tony Haggerty - Earleville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
58[illegible] Immediate cause	(a) DUE TO	Obstructive Jaundice	3 months
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Chronic Pancreatitis	3 months
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to July 11 1953 that I last saw the deceased alive on July 10, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE Allan R Cruchley (Degree or title) M D
ADDRESS Middletown Del
DATE SIGNED 7-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 14 1953
NAME OF CEMETERY OR CREMATORY Bethel Cem.
LOCATION (City, town, or county) Chesapeake City (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 14, 1953
REGISTRAR'S SIGNATURE Margaret Cheyney by Louise Langlois
24. FUNERAL DIRECTOR Edward Fellows
ADDRESS Millington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place) 2 Mo 5 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 921 Penna. Avenue, S.E.

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) J (Last) HALL

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-24-98
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hall Deceased
14. MOTHER'S MAIDEN NAME: Mary Bragg Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No.: 191-16-5715
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) Gastro-intestinal hemorrhage — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of the esophagus with metastasis — Approx. 6 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to July 6, 1953, ~~that I last saw the deceased~~ ~~[illegible]~~ and that death occurred at 3:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. OPPLER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md. 7-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7-9-53
NAME OF CEMETERY OR CREMATORY National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR July 10 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg. Reg.
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect or especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Zion
LENGTH OF STAY in this place: Accept
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Zion
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) (Last) HAMMOND

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: Wht. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: 10-22-1870 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Hammond | 14. MOTHER'S MAIDEN NAME: Rachael Hyland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: David Hammond North Eastmd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary

420.1 Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

I. IF FINAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: R L Dockon (Degree or title) MD DME | ADDRESS: Rising Sun Md | DATE SIGNED: 7-10-53

23. CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 7/14/53 | NAME OF CEMETERY OR CREMATORY: Trinity | LOCATION (City, town, or county) (State): Zion, Cecil Co. Md

FILED BY LOCAL REGISTRAR: July 13 - 53 | REGISTRAR'S SIGNATURE: Edith Worthington

24. FUNERAL DIRECTOR: Ralph M Reed | ADDRESS: Rising Sun, md.

RECEIVED
JUL 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton R.F.D. # 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) VENETA (Middle) MURL (Last) HAMMOND

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 2/8/1894

9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Mathews

14. MOTHER'S MAIDEN NAME: White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Samuel Hammond R.F.D. #1 Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause — (a) Cerebral vascular accident, Coronary thrombosis — DUE TO — Interval between onset and death: 6-8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Diabetes mellitus — DUE TO — Interval between onset and death: 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1953, to 7-16, 1953, that I last saw the deceased alive on 7-16, 1953, and that death occurred at 9:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Peter Stamatis, M.D. 154 W. Main St. Elkton, Md. 7-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/17/53 — NAME OF CEMETERY OR CREMATORY: Cherry Hill — LOCATION (City, town, or county) (State): Cherry Hill, Md

DATE REC'D BY LOCAL REG.: July 17 — REGISTRAR'S SIGNATURE: H R Frazer

24. FUNERAL DIRECTOR — ADDRESS: H. W. Pepper & Son Elkton, Md.

RECEIVED
JUL 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Conowingo Rural
LENGTH OF STAY (in this place): 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Conowingo Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Harman

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 22 1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired R.R. Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Section Gang R.R.

11. BIRTHPLACE (State or foreign country): Safe Harbor Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Harman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Sterling Torbet Conowingo, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Emesis — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cardio Vascular Disease — 3 Mo

DUE TO (c) Enlarged Prostate - Suddly malignant — 2 years

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1953 to 7/22, 19 53, that I last saw the deceased alive on 7/21, 1953 and that death occurred at 11 A M from the causes and on the date stated above.

SIGNATURE (Degree or title): F P Lamoyeaux M D — ADDRESS: Darlington Md. — DATE SIGNED: 7/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 25 1953 — NAME OF CEMETERY OR CREMATORY: Pleasant Grove — LOCATION (City, town, or county) (State): Peach Bottom Pa. R.D.

DATE REC'D BY LOCAL REGISTRAR: July 23-53 — REGISTRAR'S SIGNATURE: L M Worthington

24. FUNERAL DIRECTOR: J. E. Lyons — ADDRESS: Rising Sun, Md.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (In this place) 3 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ESTHER (Middle) J. (Last) HEVERIN

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-23-1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Abbott

14. MOTHER'S MAIDEN NAME: Mary Larson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Bertha Reynolds North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterine Fundus with metastases — Interval between onset and death: 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: 11 May '49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of fundus uteri

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 8 July, 1953, that I last saw the deceased alive on 8 July, 1953, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Klaus H. Thulin M.D. ADDRESS North East, Md DATE SIGNED 9 July '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-12-1953

NAME OF CEMETERY OR CREMATORY: Charlestown

LOCATION (City, town, or county) (State): Charleston Cecil Co. Md

DATE REC'D BY LOCAL REG.: July 11

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Joseph R Frank North East Md

RECEIVED
[illegible]
BUREAU V.

06981

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-18

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 4 yr 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: V 42
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3820 Kanawha Street, N. W.,

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) R (Last) HUNGERFORD

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar 16, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor

10b. KIND OF BUSINESS OR INDUSTRY: Hotel Auditor

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas W. Hungerford Deceased

14. MOTHER'S MAIDEN NAME: Carrie B. Blanchard Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 577-03-9749

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 42.1

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Infarction

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) Hypertensive Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:)

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I/VA attended the deceased from Dec 27, 1948, to Jul 4, 1953, ~~[illegible]~~ and that death occurred at 7:45 pm., from the causes and on the date stated above.

SIGNATURE W. ORRIER, M.D. (DEGREE OR TITLE) Acting Chief, Professional Services, ADDRESS VAH, Perry Point, Md. DATE SIGNED 7-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 7-6-53

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Ft. Myer, Virginia

DATE REC'D BY LOCAL REG. July 5 1953

REGISTRAR'S SIGNATURE Ida M. Daugherty Actg Reg

24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same — Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) Kirkpatrick (Last)

4. DATE OF DEATH: (Month) July (Day) 23rd (Year) 1953

5. SEX: W

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Dec 6 - 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North East - Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Calhoun Kirkpatrick

14. MOTHER'S MAIDEN NAME: Louisa Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): Civil War

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Samuel A. Kirkpatrick - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval between onset and death: 24 hrs

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage — 6 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1953, to July 23, 1953, that I last saw the deceased alive on July 22, 1953 and that death occurred at July 23 9:40 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or Title) J. A. McKnight M.D. ADDRESS 113 Bridge St. Elkton Md. DATE SIGNED 7/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 7-26-53 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) North East — (State) Md.

DATE REC'D BY LOCAL REG. 7-25-53 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Joseph A Grant — ADDRESS North East Md

RECEIVED
JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 1½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MICHAEL (Middle) (Last) KROCHAK

4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 2-27-1912
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sunbury Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alex. Krochak.
14. MOTHER'S MAIDEN NAME Anna Monkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Anna M Krochak, Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

044x Immediate cause (a) Undulent Fever

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R C Dodson MD (Degree or title) DmE ADDRESS Rising Sun Md. DATE SIGNED 7-4-53

CREMATION MOVAL (Specify) Burial
DATE THEREOF July 7/53
NAME OF CEMETERY OR CREMATORY St Roses.
LOCATION (City, town, or county) Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. July 6
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. 49

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RD #3 Elkton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Marleen (Middle) R (Last) Long

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 29, 1925

9. AGE last birthday: 27 yrs. — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Remley

14. MOTHER'S MAIDEN NAME: Edith Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 236-38-2749

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 684X

Immediate cause (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: Just

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pregnancy

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to July 8, 1953 that I last saw the deceased alive on July 8, 1953 and that death occurred at 6 57 a.m., from the causes and on the date stated above.

SIGNATURE: Milford H. Sprecher (DEGREE OR TITLE) MD. ADDRESS: Elkton, Md — DATE SIGNED: July 8, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/11/53 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Methodist Cem. — LOCATION (City, town, or county): Elkton RD #3 — (State): Md

DATE REC'D BY LOCAL REG.: July 9 — REGISTRAR'S SIGNATURE: F. Frazer

24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East, Md

RECEIVED
JUL 10 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Horse Shoe Boy Scout Camp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Chester
STREET ADDRESS (If rural, give location) 18. N Hill Drive

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Guerard (Last) Mackey
4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 23 1936
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cinnatti Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Guerard Mackey
14. MOTHER'S MAIDEN NAME Dorthy Roesch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Guerard Mackey West Chester Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.4 Immediate cause (a) Suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Swing in Pool

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. INTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office, etc.) OF INJURY Pool
(CITY OR TOWN) Rising Sun (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 7 (Day) 1 (Year) 53 (Hours) 9:50 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit head in pool while swing

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R L Dockson (Degree or title) MD DME
ADDRESS Rising Sun Md
DATE SIGNED 7-1-53

DISPOSITION (Specify) Cremation
DATE THEREOF July 2, 1953
NAME OF CEMETERY OR CREMATORY West Laurel Hill
LOCATION (City, town, or county) Bala Cynwyd (State) Pa

DATE REC'D BY LOCAL July 2 -1-53
REGISTRAR'S SIGNATURE L M Workington
24. FUNERAL DIRECTOR J. Earl Tyson
ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1953
BUREAU

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Hill | LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.F.D. Cherry Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) E. (Last) McCORMICK

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 11 1876

9. AGE last birthday: 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired merchant

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Cherry Hill Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick McCormick

14. MOTHER'S MAIDEN NAME: Margaret Ann Carlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-32-8950

17. INFORMANT: Mrs. Ethyl McCormick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 4 days

4427 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio vascular renal — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 51, to July 20, 1953, that I last saw the deceased alive on July 19, 1953, and that death occurred at 2-30 P m., from the causes and on the date stated above.

SIGNATURE Herbert Bates (Degree or title) M. D. ADDRESS Elkton Md DATE SIGNED 7/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 23 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. July 20 | REGISTRAR'S SIGNATURE F.R. Frazer | 24. FUNERAL DIRECTOR: Harry E. Armacost | ADDRESS 3324 Ridgewood Ave Baltimore

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown — LENGTH OF STAY (In this place) Home — HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 7.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural #2. — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Nathaniel George McSwain	7 25 1953	M	White	Married	3-11-1926	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Welder	Power Co.	Georgia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Norman E McSwain	Ida Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW#2	253-32-6122	Grace McSwain, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X **Immediate cause** (a) Fractured Rt femur left Arm.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) & skull. Crushed Chest.

(c) Lacerated scalp Rt ear & typical abrasions over body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Rout 7.	Charlestown	Cecil	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
7 25 53 12 30 a.m.		Two cars collided

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R LeDodson MD. DME		Rising Sun Md.	7/26-53

INFORMATION Burial	DATE THEREOF 7/28/53	NAME OF CEMETERY OR CREMATORY Elkton Cemetery	LOCATION (City, town, or county) Elkton	(State) Md.

DATE REC'D BY LOCAL REG. 7-29-53	REGISTRAR'S SIGNATURE Sarah E. Rothermel	24. FUNERAL DIRECTOR Walter der Bare Jr	ADDRESS Elkton, Md.

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) ALLEN (Last) MURPHY
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 4-10-18
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sailor
10b. KIND OF BUSINESS OR INDUSTRY US Navy
11. BIRTHPLACE (State or foreign country) Wilmington, Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph A. Murphy
14. MOTHER'S MAIDEN NAME Pearl Worthington Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Joseph H. Murphy, Jr. Colora, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Lobar pneumonia, right lung	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Early Empyema, right chest	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. INTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. C. Dodson MD. D.M.E. (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 7-25-53

R.C. DODSON, MD. D.M.E. Rising Sun, Maryland

DATE OF DEATH (Specify) Removal
DATE OF BIRTH 25 July 1953
CEMETERY OR CREMATORY HARMONY Cemetery
LOCATION (City, town, or county) (State) Rolandsville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE July 27, 1953 Ida M. Daugherty Acig. Reg.
24. FUNERAL DIRECTOR Vic A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: /
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landover Hills /
STREET ADDRESS (If rural, give location): 4114 Bealle Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
FLOYD	E.	PERKINSON	July	3	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	12-8-1892	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cylinder Pressman	Unknown	Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas A. Perkinson	Rose O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163 X

Immediate cause (a) CARCINOMA OF THE LUNGS — Interval Between Onset and Death: 6 Months

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
VA M.		

22. I hereby certify that I attended the deceased from 6-22, 1953, to 7-3, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

W. Copeland, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-6-53	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 5, 1953	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 2
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blair Beach.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location) Convent Road.

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) George (Last) Pierson
4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married
8. DATE OF BIRTH 2-10-1905
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY Welding
11. BIRTHPLACE (State or foreign country) Wilmington Dd.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Pierson
14. MOTHER'S MAIDEN NAME Eva Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 454-09-9642
17. INFORMANT AND ADDRESS Edythe Pierson, Convent Rd. Chester Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

914.0

Immediate cause (a) Electrocuted

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Beach Home
(CITY OR TOWN) Elkton Rural (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 7 (Day) 18 (Year) 53 (Hour) 8:20 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit a live wire Oilinga Punch

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) R. C. Dodson MD DME
ADDRESS Rising Sun Md.
DATE SIGNED 7-18-53

CREMATION Removal
DATE THEREOF 7/18/53
NAME OF CEMETERY OR CREMATORY Chester, Pa.
LOCATION (City, town, or county) Chester (State) Pa.

23. RECORDED BY LOCAL REG. July 18
REGISTRAR'S SIGNATURE F. R. Teazer
24. FUNERAL DIRECTOR H. W. Pippin & Son. ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville — LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fire House.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) Firehouse

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) (Last) RAWLINS
4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 7-9-1892
9. AGE: Last Birthday 61 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener
10b. KIND OF BUSINESS OR INDUSTRY: Firehouse
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 230-09-6104
17. INFORMANT AND ADDRESS: Charles Fadeley, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

783.1 **Immediate cause** (a) Pulmonary Hemmorhage.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. LeDockson MD Dr. E Rising Sun Md. 7-26-53

FINAL DISPOSITION (Burial, Cremation, Removal, Specify): Burial
DATE THEREOF: 7-30-1953
NAME OF CEMETERY OR CREMATORY: Principio
LOCATION (City, town, or county) (State): Principio Furnace, Md

DATE RECD BY LOCAL REG.: July 27, 53
REGISTRAR'S SIGNATURE: Lea M. Daugherty
Actg Reg
24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

The correct ans

U.S. A1-A

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest TOWN) Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 346 Hollingsworth Manor

3. NAME OF DECEASED: (Type or Print) (First) Debra (Middle) Ann (Last) Ritter

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 10, 1953

9. AGE last birthday yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 12, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Buddy Ritter

14. MOTHER'S MAIDEN NAME: Joan Keebler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Buddy Ritter 346 Hollingsworth Manor Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Premature birth	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Premature abortion of the foetus	12 hours
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to July 11, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 6:35 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Floyd Andrews Jr. M.D. Elkton Md 7/11/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/11/53	Cherry Hill Cemetery	Cherry Hill Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 11	[illegible]	H.W. Pippin & Son	Elkton, Md.

RECEIVED
APR 14
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06993

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 5mo.23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mc Keesport
STREET ADDRESS (If rural give location): 631 Fifth Avenue

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) N. (Last) SALEARES

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3-25-1888

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clothes Presser

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia, left lower lobe — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Brain Tumor, right parietal lobe — Approx. 1 year
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-24-53

19b. MAJOR FINDINGS OF OPERATION: 1.Pneumoencephalogram. 2.Craniotomy,right,with subtemporal decompression & biopsy of the brain tumor, right temporal lobe.

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 19 53, to 7-25, 19 53 and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. OPPLER, M.D. Acting Chief, Professional Services

ADDRESS: VAH, Perry Point, Md.

DATE SIGNED: 7-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 7-28-53

NAME OF CEMETERY OR CREMATORY: Versailles Cemetery

LOCATION (City, town, or county) (State): Mc Keesport, Pa.

DATE REC'D BY LOCAL REGISTRAR: July 29 1953

REGISTRAR'S SIGNATURE: Ida M. Daugherty acting Reg.

24. FUNERAL DIRECTOR: Joseph F. Check

ADDRESS: JOSEPH F. CHECK, ~~1009 Fifth Ave.~~ 637 SHAWAVE., McKeesport, Pa.

VS.

RECEIVED
AUG 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00594

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East X
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington R. D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) E. (Last) SAMPSON

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1861 Oct 4th 1861
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Sampson
14. MOTHER'S MAIDEN NAME: Casandra Flahart North East, Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary Etta Cantier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Myocarditis
DUE TO old age

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1953 to 7-24, 1953 that I last saw the deceased alive on 7-21, 1953 and that death occurred at 7-24-53 from the causes and on the date stated above.

SIGNATURE (Degree or title) C B Collins ADDRESS North East, Md. DATE SIGNED 7-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/27/53
NAME OF CEMETERY OR CREMATORY Tabernacle
LOCATION (City, town, or county) Harford Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7-24-53
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington Harford Co. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

Item 18 Film G158 9-18-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct [redacted]e is [redacted]specially important. Physicians: pl[redacted]se write the c[redacted]s of death clearly and legibly.

VS-4(5) 8

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) R. D. #1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A. (Last) Savage
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Mar 18/1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months 4 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Plant
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo W. Savage
14. MOTHER'S MAIDEN NAME: Minnie Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 091-01-8749
17. INFORMANT & ADDRESS: George W. Savage Jr. 927 Madison Ave Chester Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 2443

Immediate cause (a) Acute Dilatation of Heart
DUE TO
Antecedent cause(s) (b) [illegible]
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Findings: Had been exposed to Parathian but gave no clinical symptoms & laboratory exam. of blood was negative to such exposure.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1953, to 7/25, 1953, that I last saw the deceased alive on 7/25, 1953, and that death occurred at 12.30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS [illegible] DATE SIGNED 7/27/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF July 27, 1953
NAME OF CEMETERY OR CREMATORY Chester Rural Cemetery
LOCATION (City, town, or county) Chester (State) Pa
DATE REC'D BY LOCAL REG. July 27
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

RECEIVED
JUL 29 1953
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00996

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun
LENGTH OF STAY (in this place) 47 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Jean (Last) Shepherd
4. DATE OF DEATH: (Month) (Day) (Year) July 20 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 14 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Smyrna Del.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jacob Allee
14. MOTHER'S MAIDEN NAME: Sarah Dick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Helen Shepherd Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
33/X Immediate cause	(a) Cerebro-vascular accident	8 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) cerebral arteriosclerosis	many years
	DUE TO (c) cranial contusion	8 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1953, to 7/20, 1953, that I last saw the deceased alive on 7/19, 1953 and that death occurred at 8:10 AM, from the causes and on the date stated above.
SIGNATURE Neil R. Taylor (Degree or title) MD ADDRESS Rising Sun, Md DATE SIGNED 7/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 23 1953
NAME OF CEMETERY OR CREMATORY Forest Cem.
LOCATION (City, town, or county) Middletown (State) Del.
DATE REC'D BY LOCAL REGISTRAR July 21-8-3
REGISTRAR'S SIGNATURE C M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1953
BUREAU V. S.

06997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAINBRIDGE — LENGTH OF STAY (in this place) 1 DAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAINBRIDGE
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location) U. S. NAVAL HOSPITAL

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) GEORGE EDMUND SHIFFLETT			4. DATE OF DEATH (Month) (Day) (Year) JULY 1 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 30 June 1953	9. AGE last birthday yrs.	If under 1 year Months. Days; If under 24 hrs. Hours 21 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME GEORGE CLEVELAND SHIFFLETT JR.			14. MOTHER'S MAIDEN NAME NANCY MC DONALD HARLOW		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ----- (If year, give war or dates of service) ------		16. SOCIAL SECURITY No. -----	17. INFORMANT AND ADDRESS 880 S. STATE STREET FA: GEORGE C. SHIFFLETT, DOVER, DELAWARE		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BILATERAL ATELECTASIS	
Antecedent cause(s)	(b) PREMATURITY	20 1/2 Hrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 1, 1953, that I last saw the deceased alive on July 1, 1953, and that death occurred at 1310 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
JOHN A. RIPP	M.D.	U. S. N. H. BAINBRIDGE, MARYLAND	2 July 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2 July 1953	WEST NOTTINGHAM	COLORA MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 July 1953	Dorothy B Bramble	Lee A. Patterson & Son	LEE A PATTERSON, PERRYVILLE, MARYLAND

226 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C0598

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 3 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural — STREET ADDRESS (If rural give location) Woodlawn

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) [illegible] (Last) Lapp

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-12-1893

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dave Smith

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: George Miller, 5 West, 3rd St., Clinton Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 442X Cerebral Apoplexy

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Cardio vascular renal

DUE TO (c)

Interval Between Onset And Death: 5 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7 ..., 19 53, to 7/10 ., 19 53, that I last saw the deceased alive on 7/10, 19 53, and that death occurred at 5:30 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert Bates M D — ADDRESS Elkton Md — DATE SIGNED 7/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-13-1953 — NAME OF CEMETERY OR CREMATORY Lapwell — LOCATION (City, town, or county) Port Deposit, Md. Rural (State)

DATE REC'D BY LOCAL REGISTRAR: July 10 — REGISTRAR'S SIGNATURE: H B Frazier

24. FUNERAL DIRECTOR: Wm A. Patterson & Son — ADDRESS Perryville, Md.

VS. A15

RECEIVED
JUL 14 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FRANKLIN (Middle) PIERCE (Last) TASKER.
4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 1953
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-4-1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North East Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Tasker
14. MOTHER'S MAIDEN NAME Susan Thorpe.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Clarence Culley, North East, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
43 Immediate cause	(a) Acute Coronary disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 7-22-53

DISPOSITION (Are specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-23-53	Mt Pleasant	North East	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-23-53	Sarah E. Rothermel	Joseph R. Yeager	North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
JUL 27
BUREAU V. S.

07000

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairhill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jct. 273 and 280

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural, give location) 176 #. Main St.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Tyson
4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1953

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married
8. DATE OF BIRTH 10-8-1913
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY Steel Indus.
11. BIRTHPLACE (State or foreign country) Brinson, Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mark Tyson
14. MOTHER'S MAIDEN NAME Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Evelyn Tyson. 176 E. Main St. Newark, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

16 X

Immediate cause (a) Puncture wound between 6th and 7th rib left side into the heart.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) External and internal Hemmorrhage.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Route 273 (CITY OR TOWN) Fairhill (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 17 (Year) 53 (Hour) 5:20 P.M.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Collision of two cars.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) R C Dodson Mhe. D M E
ADDRESS Rising Sun, Md.
DATE SIGNED 7-18-53

SERIAL NUMBER | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)
Removal | July 23 | Restland Memorial Park | Donaldsonville | Ga

DATE RECD BY LOCAL REG. July 19
REGISTRAR'S SIGNATURE F H Frazer
24. FUNERAL DIRECTOR R. T. Jones Newark Del
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUL 21 1953
BUREAU V. S.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07001 Final

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) Chesapeake City

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Veal

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 15, 1861
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Rhoades-Chesapeake City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.1

Immediate cause (a) Gangrene of right foot — INTERVAL BETWEEN ONSET AND DEATH: 2 months
DUE TO

Antecedent cause(s) (b) Arteriosclerosis of vessels of leg — unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/22/53
19b. MAJOR FINDINGS OF OPERATION: Gangrene of right foot
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20 1953 to July 22, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Henry W Davis MD ADDRESS Chesapeake City Md DATE SIGNED 7/22/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/28/53
NAME OF CEMETERY OR CREMATORY Cecilton Cem.
LOCATION (City, town, or county) Cecilton, Maryland (State)

DATE REC'D BY LOCAL REG. July 27
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR John R Bell ADDRESS 909 Poplar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07002

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 3 yrs 27 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Cambria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Johnstown
STREET ADDRESS (If rural, give location) 112 Fifth Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
SAMUEL		VIDISH	July	10	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	1915	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Rigger	Steel Construction	Johnstown, Pennsylvania	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Vidish	Deceased Stella ???

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW-II	Unknown	Hospital Records, VAH, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Abscesses of Brain with Meningitis	1 Month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Septicemia	1 Month
	DUE TO (c) Organism, not identified	1 Month

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: and Multiple Emboli Acute Bacterial Endocarditis, Pericarditis, — 1 Month

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
VA M.		

22. I hereby certify that I attended the deceased from June 13, 19 53, to July 10, 19 53, xxxx

RECEIVED
JUL 14
BUREAU V. S.

07003

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and the nearest town) OR TOWN Chesapeake Rd, Near Elkton — LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Rd Near Elkton
STREET ADDRESS (If rural give location) Chesapeake City Rd Near Elkton Md

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) (Last) Williams

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: Fe

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 22, 1899

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Jordon

14. MOTHER'S MAIDEN NAME: Emma Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.

17. INFORMANT: George Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X

Immediate cause (a) Cardiac Insufficiency — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis chr — 2 years

(c) Chr. parenchymatous nephritis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to July 20, 1953, that I last saw the deceased alive on July 18, 1953, and that death occurred at 5 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James L. Johnson M.D. — Elkton, Md. — July 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 23, 1953 | NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery | LOCATION (City, town, or county) (State): Bohemia Manor, Md

DATE REC'D BY LOCAL REG.: July 23 | REGISTRAR'S SIGNATURE: H H Teagen

24. FUNERAL DIRECTOR | ADDRESS: Wm. Ed Bell Undertaker

RECEIVED
JUL 28 1953
BUREAU V. S.

07004

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS E Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Md.
STREET ADDRESS (If rural, give location) E Main St

3. NAME OF DECEASED (Type or Print): (First) Selena (Middle) L (Last) Wilson

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 23 1871

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milliner Shop.

10b. KIND OF BUSINESS OR INDUSTRY: Retail store

11. BIRTHPLACE (State or foreign country): West Cumrd. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm T. Davis.

14. MOTHER'S MAIDEN NAME: Dulcow Kershaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Willis Davis Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442X Immediate cause	(a) Pulmonary Edema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis deformans

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 21, to ....., 19 53, that I last saw the deceased alive on July 29, 1953, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 7/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: July 31/53. NAME OF CEMETERY OR CREMATORY: Elkton. LOCATION (City, town, or county) (State): Elkton, Md

DATE REC'D BY LOCAL REG. July 29

REGISTRAR'S SIGNATURE: J H Teagar

24. FUNERAL DIRECTOR: H W Pippin & Son ADDRESS: Elkton Md

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07005

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point X
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen 12 X
STREET ADDRESS (If rural give location): 211 Belair Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E. (Last) WIRSING
4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8-13-1890	62 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist- U.S. Govt. retired		Churchville, Md.	USA

13. FATHER'S NAME: Frederick Wirsing - Deceased
14. MOTHER'S MAIDEN NAME: Elizabeth Bodt - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
✓ Yes	WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
350 X Immediate cause	(a) Parkinsons Disease	2 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: D — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-3, 1953, to 7-6, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 5:23 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title): Acting Chief, Professional Services, VAH, ADDRESS: Perry Point, Md. DATE SIGNED: 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-6-53	Baker Cemetery	Aberdeen, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 6, 1953	Ida M. Daugherty acty. Reg.	Lee A. Patterson & Son	LEE A. PATTERSON & SON, Perryville, Md.

VS. A15

RECEIVED
JUL 8 1953
BUREAU V. S.

07006

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A1...

1. PLACE OF DEATH: COUNTY: CECIL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CONOWINGO, MD. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. ROUTE #222

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MICHIGAN — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MELVINDALE
STREET ADDRESS (If rural, give location): 2519 DOWNING STREET.

6. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	GLENN	CURTIS	WOLVIN	7	9	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	10-22-34	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	MICHIGAN	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DECEASED - UNKNOWN	DECEASED - UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes 2-25-52 7-9-53	Unknown	Navy Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Comp. Fract. rt., side skull, temporal bone — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Comp. Fract. Rt. Elbow

(c) Crushed rt. side of chest

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt. 1 & 222	(CITY OR TOWN)	(COUNTY)	(STATE)
		Conowingo R.D.	Cecil	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
7	9	53	0105 A.m.			Auto Accident with truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. C. DODSON	D.M.E.	RISING SUN, MARYLAND	7-9-53

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10 July 1953	Evergreen	Detroit, Wayne Co. Mich.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-9-53	Dorothy B. Trimble	Lee A. Patterson & Son	Perryville, Md.

RECEIVED
1953
BUREAU V